



LOS ANGELES COUNTY COMMISSION ON HIV

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PLANNING, PRIORITIES & ALLOCATIONS (PP&A) COMMITTEE MEETING MINUTES December 15, 2015

Approved
1/19/2016

PP&A MEMBERS PRESENT	PP&A MEMBERS ABSENT	PUBLIC (cont.)	COMM STAFF/CONSULTANTS
Al Ballesteros, MBA, Co-Chair	Miguel Martinez, MPH, MSW	Brian Beneat	Carolyn Echols-Watson, MPA
Brad Land, Co-Chair	LaShonda Spencer, MD	Jason Brown	Jane Nachazel
Michelle Enfield	Raphael Péna	Phil Curtis	
Abad Lopez		Susan Forrest	
Julio Rodriguez		Scott Singer	DHSP STAFF
			Angels Boger
			Pamela Ogata

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- 1) **Agenda:** Planning, Priorities & Allocations (PP&A) Committee Meeting Agenda, 12/15/2015
- 2) **Minutes:** Planning, Priorities & Allocations (PP&A) Committee Meeting Minutes, 11/17/2015
- 3) **Notes:** Comprehensive HV Plan (CHP) Task Force Meeting Notes, 11/4/2015
- 4) **Letter:** Ryan White Program Spending, 11/30/2015
- 5) **Table:** Service/Intervention Recommendation, 10/27/2014

1. **CALL TO ORDER:** Mr. Land called the meeting to order at 1:15 pm.

2. **APPROVAL OF AGENDA:**

MOTION #1: Approve the Agenda Order (*Passed by Consensus*).

3. **APPROVAL OF MEETING MINUTES:**

MOTION #2: Approve the 11/17/2015 Planning, Priorities and Allocations (PP&A) Committee meeting minutes, as revised (*Passed by Consensus*).

4. **PUBLIC COMMENT (Non-Agendized or Follow-Up):**

- Mr. Singer, AIDS Project Los Angeles (APLA) Health and Wellness, was recruited in 1983 by a large company in the San Francisco Bay Area to manage a five-office home health company at their health professional nurses' bureau. At the forefront of the HIV epidemic, they provided home infusion therapy to PLWH. It was transformative. He learned the power of advocacy with vigils and public commissions as providers, consumers and those impacted shaped the epidemic.
- He believes in what the Commission does. It partners with funders, but has a public voice and accountability. Commission members are appointed by the Board of Supervisors to advise and inform it on how services are delivered.
- The last PP&A, Executive and Commission meetings and related conversations were concerning. He urged PP&A not to lose its role. The partnership with DHSP and funding oversight is very important. Work is needed both to address unspent funds and the quick way funds were moved that did not feel like the well-informed, great partnership he was used to at PP&A.
- He noted underspending was on the agenda and stressed the needs remaining in this community, e.g., PLWH who do not know where to get services, how to access care or navigate the system. Returning funds to the state sends a message to the community that the Commission feels it is doing everything that needs to be done and does not need the funds. He urged the Commission take any opportunities for quick changes to redirect funds back into the community and meet needs now.
- PP&A is the Committee that should be leading that charge. He hoped that would be the direction of the day's work.

5. COMMITTEE COMMENT (Non-Agendized or Follow-Up):

- Ms. Enfield felt it was challenging at the last Commission not to point fingers at entities that have and have wielded power. She sees a higher view of how politics works in all areas the longer she engages in planning, learns professionally and academically through school. The situation the Commission was put in and the quality of the motions made her feel as though her hands were tied. She wanted the Commission to step back and let the entities with responsibility take accountability before the community. Instead, she felt the Commission should find a way to use the funds.
- Mr. Ballesteros, speaking as a Committee member, felt the Commission did have to deal with a substantial issue. PP&A did minimize the impact to future Part A grant funds by maximizing the grant. If not maximized, it would be cut the next year.
- PP&A has been working for over a year to target underspending to Medical Care Coordination (MCC), housing and other services. Part A and B priorities were initially set based on allocations that had been contracted to agencies. It should be acknowledged that, despite the discomfort, that work resulted in not returning any funds to the federal government.

6. CO-CHAIRS' REPORT:

A. Co-Chair Open Nominations:

- Mr. Land thanked Mr. Ballesteros for his knowledge, dedication and activism over the past 25 years he has known him.
- Mr. Land noted he had chaired PP&A for some 15 years off and on. He had not planned to chair a Committee again, but Michael Johnson, prior Commission Co-Chair, asked him and Mr. Ballesteros to return to that role and another role pertaining to funding and transparency. They have seen many changes during their tenure.
- As he has been elected Commission Co-Chair, Mr. Land was stepping down as PP&A Co-Chair. Nominations will remain open until elections at the next Committee meeting.
- ➡ Ms. Enfield accepted nomination to the PP&A Co-Chair position.

B. Comprehensive HIV Plan (CHP) Update:

- Mr. Land urged PP&A members to read Task Force notes and participate in the Task Force or one of its Work Groups as much as possible. PP&A has oversight responsibility for the Task Force which was starting to develop CHP decisions.
- The CHP was due to the federal partners in September 2016 so the Commission will need to approve the final draft at its August meeting. In the meantime, various aspects will be brought forward for Commission review.
- Danielle Campbell is the sole Chair of the Epidemiology Work Group. It will likely complete its work in two months with trainings on the County's funding profile, a Data Summit and finally the Los Angeles Comprehensive HIV Needs assessment (LACHNA) presentation. Epidemiology will then disband with members absorbed by other Work Groups.
- Due to development of CHP work, PP&A's Priority- and Allocation-Setting (P-and-A) will be much later than usual, most probably in May 2016, and swift so results can be included in the CHP. A key challenge for this year's P-and-A will be the CHP's comprehensiveness, e.g., how co-morbidities such as Hepatitis and Tuberculosis intersect with HIV.
- Mr. Land has also stepped down as Task Force Co-Chair. AJ King was elected the new Co-Chair.

C. Los Angeles Coordinated HIV Needs Assessment (LACHNA) Update:

- Mr. Land reported there have been numerous changes at Division of HIV and STD Programs (DHSP). Carlos Vega-Matos has moved elsewhere in the County. Ms. Ogata will assist with Service Planning Area (SPA) targets with other DHSP staff expertise as needed. Dr. Rhodri Dierst-Davies has left DHSP and County service. His departure will delay LACHNA presentation to PP&A most probably until April 2016. Presentation to the Commission was expected in May 2016.
- Mr. Singer asked if PP&A had not had a monthly Financial Report. Mr. Land said it had. Frequency was reduced as there was little monthly change. Mr. Singer recommended, in light of recent developments, return to a monthly report.
- The general consensus was not only to include the usual four schedules mainly on Ryan White (RW) Parts A, B, Minority AIDS Initiative (MAI) and Net County Cost (NCC) funding, but all prevention funding since P-and-A will now include it.
- Ms. Ogata noted that would include surveillance, research studies, the prevention portfolio and more. Mr. Land felt it helpful for PP&A to initially hear a full report. This was the first year PP&A will address the full continuum and there will likely be new PP&A members in the next few months. PP&A can then target needed information for future reports.
- Ms. Enfield noted previous discussion on a Native American Needs Assessment and urged scheduling it in 2016.
- ➡ Advise Dawn McClendon of need for funding in the Year 26 Commission Operational Budget for a consultant to perform a Native American Needs Assessment.

Motion 3: (Enfield/Land): Add DHSP Financial Report on all care and prevention contracts to monthly PP&A agenda **(Passed by Consensus).**

7. RYAN WHITE PROGRAM UNDERSPENDING:

A. Medical Care Coordination (MCC):

(1) Follow-up on assessment of existing MCC protocols to see whether there are opportunities for increased flexibility:

- Mr. Singer was on the work group that developed MCC. The reality then was looking at a possible decrease in funding, aligning with implementation of medical homes and ensuring the best possible services.
- Today MCC was a real success story in many ways. Patients who go to medical homes get good care and have access to a nurse and social worker. Those who want to and know how to use MCC are getting wonderful service.
- The problem concerned unaligned patients who do not know about MCC, do not understand it, do not want to go to it, are new to the area or have a poor relationship with their medical provider and want services elsewhere.
- These people show up at other providers. MCC was partially funded by removing all funds from Psychosocial Case Management (CM), but that left a gap. A Kaiser medical care patient was supposed to access MCC at, e.g., Tarzana Treatment Center, but linkage was not occurring. Instead, patients come to providers such as APLA for, e.g., mental health services, and have other questions and needs, but APLA does not provide Psychosocial CM.
- Psychosocial CM shifted into a transitional Linkage To Care (LTC), but that was about to sunset. Infrastructure once gone would be difficult to recover. Staff leave for other positions and institutional talent is lost.
- The County was no longer facing restricted funding. That presents an opportunity to develop the best service portfolio. His concept was to expand MCC to incorporate Psychosocial CM services back around the County so that patients have other touch points without necessarily having to access a medical provider's MCC team.
- Mr. Land noted he has always advocated for a warm front door to services. MCC was supposed to facilitate patient engagement, but current MCC has a restricted opening. He added the CHP Task Force was doing a resource inventory and some providers lack resources and infrastructure that was normally offered in the RW system, e.g., Kaiser lacks HIV support groups. Various providers lack wrap-around services of different types. RW could coordinate such services to ensure patients are not lost to care due to lack of a critical wrap-around service.
- Ms. Nachazel noted Mario Pérez, Director, DHSP, said at the last PP&A that MCC teams might be established at non-DHSP-funded medical providers with significant PLWH patient populations. Five such providers came to mind.
- Mr. Singer felt that was a need and could be part of the solution, but the last LACHNA indicated a large percentage of PLWH did not know how to access services. Those PLWH would not be at any medical provider.
- Ms. Forrest recalled the prior client referral line at APLA. She felt a similar line for providers would help. Mr. Ballesteros said the planned HIV Information Line will revitalize the prior HIVLA for consumers and providers. It will be housed at the Commission office so requires hiring staff once the new Executive Director is hired. The Commission Operational Budget includes a line item and Executive has formed a work group to facilitate initiation.
- Mr. Ballesteros suggested giving the MCC team "legs" with more psychosocial support, perhaps with lower level staff. Now it is housed solely within medical clinics. Ms. Boger replied there is a case worker on MCC teams. The majority of previously supported Psychosocial CM services were at medical clinics.
- There has been discussion about MCC staff to help find and re-engage clinic patients who have fallen out of care. Going outside the clinic is within MCC's scope, but current teams were focused on patients within the clinics. Some form of linkage navigator could be added to MCC teams starting with the YR 26 contracts on 3/1/2016. Mr. Ballesteros noted a psychosocial peer component often reaches PLWH that a nurse and social worker cannot.
- He also suggested lowering the acuity level to enter MCC. Ms. Boger replied the level is flexible now. A patient's physician can over-ride the assessment if s/he or the MCC team believes the patient would benefit. One clinic has virtually all PLWH patients in MCC by physician referral. The screener is meant to catch hot points, e.g., diagnosed within the last six months, whether a patient has been prescribed and is taking medications, has high Viral Load (VL) or is homeless. Psychosocial issues noted by the MCC team or physician can prompt a physician over-ride.
- Mr. Curtis recalled a robust discussion at the Commission's Annual Meeting during the break-out session of the Needs, Gaps, Barriers and Community Engagement Work Group of the CHP Task Force. Shelly Jones spoke about, not so much a closed door, but an obscure door for those do not know where medical providers are. There was general consensus that MCC offered a good initial assessment, but less surety that the resource and referral piece was adequate. Ms. Jones also felt it was difficult for patients in MCC at a medical provider to change providers.
- Ms. Boger said the Commission defunded Psychosocial CM several years ago. Consequently, there were no contracts for it. DHSP would need to develop a new Request For Proposals (RFP) if PP&A chose to recommend that the Commission re-allocate funds to the service. The prior Psychosocial CM contract is quite old so it would also be necessary to identify what the service would cover, e.g., Benefits Specialty is already a separate service.

- Ms. Forrest suggested a service similar to the Community Assessment Service Centers (CASC) funded by the Substance Abuse and Mental Health Administration (SAMHSA). The 16 CASC sites are not HIV-specific, but have an HIV specialist in each SPA, provide mental health and substance abuse assessments and other referrals.
- Mr. Land suggested reviewing the old Psychosocial CM Standard of Care (SOC), but Ms. Boger felt the SOC did not address the issues being identified. Instead, she recommended an exercise to identify what people need now.
- DHSP could substantially augment MCC funding starting 3/1/2016 to address the concern of Mr. Ballesteros and others to help give MCC teams their "legs." That addresses one piece of what was raised today.
- Regarding underspent funds, she urged PP&A to put thought into how to allocate funds so they will be spent and spent effectively, e.g., Ambulatory Outpatient Medical (AOM) and Mental Health spending continue to decline.
- Ms. Forrest has served as Secretary for the HIV Mental Health Task Force since 2002. For years, the Task Force has discussed the lack of Spanish-speaking psychiatrists. Just one serves RW patients. Many PLWH do not meet the Department of Mental Health criteria for services, but still need a psychiatrist, especially a Spanish-speaking one.
- Ms. Boger replied agencies have difficulty hiring Spanish-speaking psychiatrists. Mr. Ballesteros noted there is a countywide shortage for all providers. It is a systemic problem not unique to the RW system.
- Mr. Singer felt PP&A should discuss funding, but Mr. Land noted the Brown Act requires subjects to be agendaized. PP&A can review needs today and address funding issues next month.
- Mr. Singer reiterated concern about LTC contracts set to sunset 2/29/2016. He urged extending them while developing additional services. DHSP presented on the new Linkage and Re-Engagement Program (LRP) to identify and bring people into care using in-house DHSP staff, but current LTC counselors are helping people with referrals and resources. Clients may not qualify under LTC standards, but counselors assist with navigation. Perhaps clients saw a physician four months ago, but are using drugs, about to be homeless and are out of care.
- Ms. Boger said such a client should receive MCC as they have already been linked to care, but are not adequately engaged. That is a different conversation than LTC. Mr. Singer noted they may receive services at, e.g., Kaiser, which lacks MCC. Ms. Boger said Psychosocial CM for such clients was still different than LTC. To significantly expand LTC in so short a time frame was unrealistic. There were also few providers for existing LTC contracts.
- Mr. Singer noted Mr. Vega-Matos had discussed meeting some psychosocial needs by expanding current MCC teams, providing new full teams and providing flexibility to teams at sites such as that on Skid Row in Los Angeles to enable them to engage in more intensive outreach without having to meet unrealistic case loads. Useful aspects of current LTC could be absorbed into MCC to provide more psychosocial support and re-engage PLWH.
- Ms. Boger said DHSP can expand existing MCC contracts as discussed for YR 26 starting 3/1/2016. Mr. Singer said Mr. Vega-Matos noted additional sites could benefit, but Ms. Boger said that was a separate conversation.
- Mr. Ballesteros said PP&A could, nevertheless, support the concept of providing MCC teams at non-DHSP-funded medical clinics. DHSP would need to provide PP&A with cost information on all MCC expansion for allocations.
- Mr. Singer asked about remaining underspending strategies. Mr. Ballesteros said the vote at the last Commission addressed YR 25 RW underspending. The Net County Cost (NCC) term extends to 6/30/2016. DHSP committed to honor Commission NCC recommendations. PP&A will need to develop those as well as YR 26 P-and-A.
- Mr. Singer supported flexibility for MCC teams, e.g., some may need a psychosocial case manager or case aid, others may need to adjust case loads or more people for outreach. Ms. Boger said that flexibility already exists.
- She continued that adding a new component to the SOC and guidelines was separate from flexibility.
- ➡ Recommendation: Starting 3/1/2016, expand existing MCC programs to include staff for field psychosocial outreach. (See related motion for January PP&A agenda below.)
- ➡ Agendaize motion for January PP&A meeting: "Request DHSP review and augment existing MCC programs to add an intensive outreach component beginning with YR 26."
- ➡ DHSP will report on feasibility of establishing partnerships with non-DHSP-funded AOM clinics to fund MCC teams.
- ➡ Agendaize for January PP&A meeting: Financial Reports including "A. Allocation Strategies;" MCC; and Non-Medical CM for care and prevention for unaligned patients.
- ➡ Commission staff will review PP&A minutes for discussions on allocation strategies to maximize funds.

8. NEXT STEPS: There was no additional discussion.

9. ANNOUNCEMENTS: There were no announcements

10. ADJOURNMENT: The meeting adjourned at 3:00 pm.